



Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Application

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: Click or tap here to enter text.

Address, City, Zip: Click or tap here to enter text.

Establishment Phone: Click or tap here to enter text.

<p style="text-align: center;">Owner</p> <p>Name: Click or tap here to enter text.</p> <p>Address: Click or tap here to enter text.</p> <p>City, State: Click or tap here to enter text.</p> <p>Zip: XXXXX Phone #: XXX-XXX-XXXX</p> <p>E-mail: Click or tap here to enter text.</p>	<p style="text-align: center;">Commissary Information (if applicable)</p> <p>Name: Click or tap here to enter text.</p> <p>License #: Click or tap here to enter text.</p> <p>Address: Click or tap here to enter text.</p> <p>City, State: Click or tap here to enter text.</p> <p>Zip: XXXXX Phone #: XXX-XXX-XXXX</p> <p>E-mail: Click or tap here to enter text.</p>
<p>List of support vehicles (e.g., stock truck, refrigerator truck):</p> <p>Click or tap here to enter text.</p>	<p>Location of offsite storage (i.e., where trucks, STFU/mobile and dry goods will be stored between events)</p> <p>Address: Click or tap here to enter text.</p> <p>City, State: Click or tap here to enter text.</p> <p>Zip: XXXXX Phone #: XXX-XXX-XXXX</p> <p>E-mail: Click or tap here to enter text.</p>

Please list the name and phone number of primary contacts: Click or tap here to enter text.

For reviewing agency use only:

Fee: \$ 00.00	Check #: Click or tap here to enter text.	Receipt #: Click or tap here to enter text.
Date: MM/DD/YYYY	Plan Review #: Click or tap here to enter text.	Assigned to: Click or tap here to enter text.
Remarks: Click or tap here to enter text.		

General Information

Maximum number of meals to be served per day: [Click or tap here to enter text.](#)

Minimum staff per shift: [Click or tap here to enter text.](#)

Maximum staff per shift: [Click or tap here to enter text.](#)

These plans are for (check one): An existing/pre-fabricated unit A unit that will be built upon plan approval

These plans are for (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Enclosed STFU | <input type="checkbox"/> Enclosed Mobile | <input type="checkbox"/> Other (Describe): Click or tap here to enter text. |
| <input type="checkbox"/> Pushcart STFU | <input type="checkbox"/> Mobile Pushcart | |
| <input type="checkbox"/> Truck STFU | <input type="checkbox"/> Mobile Truck | |
| <input type="checkbox"/> Watercraft STFU | <input type="checkbox"/> Mobile Watercraft | |
| <input type="checkbox"/> Tent STFU | <input type="checkbox"/> Tent Mobile | |

These plans are for a unit that:

- Will return to a licensed commissary daily
- May stay at temporary locations for more than 24 hours

Please summarize the proposed STFU/Mobile operation:

[Click or tap here to enter text.](#)

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: [Sign Here](#)

Date: MM/DD/YYYY

Please print name and title here: [Click or tap here to enter text.](#)